

108TH CONGRESS  
2D SESSION

# H. R. 4192

To expand access to preventive health care services and education programs that help reduce unintended pregnancy, reduce infection with sexually transmitted disease, and reduce the number of abortions.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 21, 2004

Ms. SLAUGHTER (for herself, Ms. DEGETTE, Mr. GREENWOOD, Mrs. JOHNSON of Connecticut, Mr. ALLEN, Mr. BAIRD, Ms. BALDWIN, Ms. BERKLEY, Mr. BISHOP of New York, Mr. BLUMENAUER, Mr. BROWN of Ohio, Mrs. CAPPS, Mr. CARDIN, Mrs. CHRISTENSEN, Mr. CROWLEY, Mr. DAVIS of Illinois, Mrs. DAVIS of California, Mr. DEFazio, Ms. DELAURO, Mr. DOGGETT, Mr. DOOLEY of California, Mr. EMANUEL, Mr. FILNER, Mr. FRANK of Massachusetts, Mr. FROST, Mr. GONZALEZ, Mr. GRIJALVA, Ms. HARMAN, Mr. HINCHEY, Mr. HOEFFEL, Ms. NORTON, Mr. HOLT, Mr. HONDA, Ms. HOOLEY of Oregon, Mr. INSLEE, Mr. ISRAEL, Ms. JACKSON-LEE of Texas, Mr. JACKSON of Illinois, Mr. KENNEDY of Rhode Island, Ms. KILPATRICK, Mr. LARSEN of Washington, Ms. LEE, Ms. LOFGREN, Mrs. LOWEY, Mrs. MALONEY, Ms. MAJETTE, Mrs. MCCARTHY of New York, Ms. MCCARTHY of Missouri, Ms. MCCOLLUM, Mr. McDERMOTT, Ms. MILLENDER-McDONALD, Mr. MORAN of Virginia, Mr. NADLER, Mr. OLVER, Ms. PELOSI, Mr. ROTHMAN, Ms. ROYBAL-ALLARD, Ms. LINDA T. SÁNCHEZ of California, Mr. SANDERS, Ms. SCHAKOWSKY, Mr. SCOTT of Virginia, Mr. SERRANO, Mr. SHAYS, Mr. SIMMONS, Ms. SOLIS, Mr. TIERNEY, Mrs. JONES of Ohio, Mr. UDALL of Colorado, Mr. VAN HOLLEN, Ms. WATERS, Ms. WATSON, Mr. WAXMAN, Mr. WEINER, Mr. WEXLER, Ms. WOOLSEY, Mr. WU, and Mr. WYNN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

# A BILL

To expand access to preventive health care services and education programs that help reduce unintended pregnancy, reduce infection with sexually transmitted disease, and reduce the number of abortions.

1 *Be it enacted by the Senate and House of Representa-*  
 2 *tives of the United States of America in Congress assembled,*

## 3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
 5 “Putting Prevention First Act”.

6 (b) TABLE OF CONTENTS.—The table of contents for  
 7 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

### TITLE I—TITLE X OF PUBLIC HEALTH SERVICE ACT

Sec. 101. Short title.

Sec. 102. Authorization of appropriations.

### TITLE II—FAMILY PLANNING STATE EMPOWERMENT

Sec. 201. Short title.

Sec. 202. State option to provide family planning services and supplies to additional low-income individuals.

Sec. 203. State option to extend the period of eligibility for provision of family planning services and supplies.

### TITLE III—EQUITY IN PRESCRIPTION INSURANCE AND CONTRACEPTIVE COVERAGE

Sec. 301. Short title.

Sec. 302. Amendments to Employee Retirement Income Security Act of 1974.

Sec. 303. Amendments to Public Health Service Act relating to the group market.

Sec. 304. Amendment to Public Health Service Act relating to the individual market.

### TITLE IV—EMERGENCY CONTRACEPTION EDUCATION AND INFORMATION

Sec. 401. Short title.

Sec. 402. Emergency contraception education and information programs.

TITLE V—COMPASSIONATE ASSISTANCE FOR RAPE  
EMERGENCIES

Sec. 501. Short title.

Sec. 502. Survivors of sexual assault; provision by hospitals of emergency contraceptives without charge.

TITLE VI—FAMILY LIFE EDUCATION

Sec. 601. Short title.

Sec. 602. Findings.

Sec. 603. Assistance to reduce teen pregnancy, HIV/AIDS, and other sexually transmitted diseases and to support healthy adolescent development.

Sec. 604. Sense of Congress.

Sec. 605. Evaluation of programs.

Sec. 606. Definitions.

Sec. 607. Appropriations.

TITLE VII—TEENAGE PREGNANCY PREVENTION

Sec. 701. Short title.

Sec. 702. Teenage pregnancy prevention.

**1 SEC. 2. FINDINGS.**

2       The Congress finds as follows:

3           (1) Although the Centers for Disease Control  
4       and Prevention (“CDC”) included family planning in  
5       its published list of the “Ten Great Public Health  
6       Achievements in the 20th Century”, the United  
7       States still has one of the highest rates of unin-  
8       tended pregnancies among industrialized nations.

9           (2) Each year, three million pregnancies, nearly  
10      half of all pregnancies, in the United States are un-  
11      intended; and half of unintended pregnancies end in  
12      abortion.

13          (3) In 2000, 34 million women—half of all  
14      women of reproductive age (ages 15–44)—were in  
15      need of contraceptive services and supplies to help

1 prevent unintended pregnancy, and half of those  
2 were in need of public support for such care.

3 (4) The United States also has the highest rate  
4 of infection with sexually transmitted diseases  
5 (“STDs”) of any industrialized country: in 2000  
6 there were approximately 18.9 million new cases of  
7 STDs.

8 (5) Increasing access to family planning serv-  
9 ices will improve women’s health and reduce the  
10 rates of unintended pregnancy, abortion, and infec-  
11 tion with STDs. Contraceptive use saves public  
12 health dollars: every dollar spent on providing family  
13 planning services saves an estimated \$3 in expendi-  
14 tures for pregnancy-related and newborn care for  
15 Medicaid alone.

16 (6) Contraception is basic health care that im-  
17 proves the health of women and children by enabling  
18 women to plan and space births.

19 (7) Women experiencing unintended pregnancy  
20 are at greater risks for physical abuse and women  
21 having closely spaced births are at greater risk of  
22 maternal death.

23 (8) The child born from an unintended preg-  
24 nancy is at greater risk of low birth weight, dying

1 in the first year of life, being abused, and not receiv-  
2 ing sufficient resources for healthy development.

3 (9) The ability to control fertility also allows  
4 couples to achieve economic stability by facilitating  
5 greater educational achievement and participation in  
6 the workforce.

7 (10) The average American woman desires two  
8 children and spends five years of her life pregnant  
9 or trying to get pregnant and roughly 30 years try-  
10 ing to prevent pregnancy; without contraception, a  
11 sexually active woman has an 85 percent chance of  
12 becoming pregnant within a year.

13 (11) Many poor and low-income women cannot  
14 afford to purchase contraceptive services and sup-  
15 plies on their own. 12.1 million or 20 percent of all  
16 women aged 15–24 were uninsured in 2002, and  
17 that proportion has increased by 10 percent since  
18 1999.

19 (12) Public health programs like Medicaid and  
20 Title X, the national family planning program, pro-  
21 vide high-quality family planning services and other  
22 preventive health care to underinsured or uninsured  
23 individuals who may otherwise lack access to health  
24 care.

1           (13) Medicaid is the single largest source of  
2           public funding for family planning services and HIV/  
3           AIDS care in the United States. Half of all public  
4           dollars spent on contraceptive services and supplies  
5           in the United States are provided through Medicaid  
6           and approximately 5.5 million women of reproduc-  
7           tive age—nearly one in ten women between the ages  
8           of 15 and 44—rely on Medicaid for their basic  
9           health care needs.

10          (14) Each year, Title X services enable Ameri-  
11          cans to prevent approximately one million unin-  
12          tended pregnancies, and one in three women of re-  
13          productive age who obtains testing or treatment for  
14          STDs does so at a Title X-funded clinic. In 2002,  
15          Title X-funded clinics provided three million Pap  
16          tests, 5.2 million STD tests, and 494,000 HIV tests.

17          (15) The increasing number of uninsured, stag-  
18          nant funding, health care inflation, new and expen-  
19          sive contraceptive technologies, and improved but ex-  
20          pensive screening and treatment for cervical cancer  
21          and STDs, have diminished the ability of Title X  
22          funded clinics to adequately serve all those in need.  
23          Taking inflation into account, funding for the Title  
24          X program declined 57 percent between 1980 and  
25          2003.

1           (16) While Medicaid is the largest source of  
2           subsidized family planning services, many States  
3           have had to make significant cuts in their Medicaid  
4           programs due to budget pressures putting many  
5           women at risk of losing coverage for family planning  
6           services.

7           (17) In addition, eligibility for Medicaid in  
8           many States is severely restricted leaving family  
9           planning services financially out of reach for many  
10          poor women. Many States have demonstrated tre-  
11          mendous success with Medicaid family planning  
12          waivers that allow them to expand access to Med-  
13          icaid family planning services. However, the admin-  
14          istrative burden of applying for a waiver poses a sig-  
15          nificant barrier to States that would like to expand  
16          their Medicaid family planning programs.

17          (18) Many private health plans still do not  
18          cover contraceptive services and supplies. The lack  
19          of contraceptive coverage in health insurance plans  
20          places many effective forms of contraception beyond  
21          the financial reach of many women.

22          (19) Including contraceptive coverage in private  
23          health care plans saves employers money: not cov-  
24          ering contraceptives in employee health plans costs

1 employers 15 to 17 percent more than providing  
2 such coverage.

3 (20) Emergency contraception is a safe and ef-  
4 fective way to prevent unintended pregnancy after  
5 unprotected sex. It is estimated that the use of  
6 emergency contraception could cut the number of  
7 unintended pregnancies in half, thereby reducing the  
8 need for abortion.

9 (21) In 2000, 51,000 abortions were prevented  
10 by use of emergency contraception; increased use of  
11 emergency contraception accounted for up to 43 per-  
12 cent of the total decline in abortions between 1994  
13 and 2000.

14 (22) Access to comprehensive sex education is  
15 critical to reducing rates of unintended pregnancy,  
16 abortion, and STD infection among teens. Over 60  
17 percent of teens have had sex before they graduate  
18 from high school and nine out of ten people have sex  
19 before they get married. 822,000 teenagers become  
20 pregnant each year; 35 percent of teen girls become  
21 pregnant at least once before turning 20; and 78  
22 percent of teenage pregnancies are unintended.  
23 Nearly half (48 percent) of new STD cases are  
24 among people ages 15–24, even though these youth



1       make up only a quarter of the sexually active popu-  
2       lation.

3           (23) The American Medical Association, the  
4       American Nurses Association, the American Acad-  
5       emy of Pediatrics, the American College of Obstetri-  
6       cians and Gynecologists, the American Public Health  
7       Association, and the Society for Adolescent Medi-  
8       cine, support responsible sexuality education that in-  
9       cludes information about both abstinence and con-  
10      traception.

11          (24) Comprehensive sex education protects ado-  
12      lescent health. A recent survey found that only 15  
13      percent of American parents believe that schools  
14      should just teach about abstinence.

15          (25) A recent study showed that teens who took  
16      pledges to remain virgins until marriage were just as  
17      likely to contract STDs as teens who did not take  
18      virginity pledges and that although teens taking the  
19      pledges delayed sexual debut, they were less likely to  
20      use condoms once they were sexually active.

21          (26) Teens who receive sex education that in-  
22      cludes discussion of contraception are more likely  
23      than those who receive abstinence-only messages to  
24      delay sex and to have fewer partners and use contra-  
25      ceptives when they do become sexually active.

1       **TITLE I—TITLE X OF PUBLIC**  
2               **HEALTH SERVICE ACT**

3   **SEC. 101. SHORT TITLE.**

4       This title may be cited as the “Title X Family Plan-  
5   ning Services Act of 2004”.

6   **SEC. 102. AUTHORIZATION OF APPROPRIATIONS.**

7       For the purpose of making grants and contracts  
8   under section 1001 of the Public Health Service Act, there  
9   are authorized to be appropriated \$643,000,000 for fiscal  
10   year 2005, and such sums as may be necessary for each  
11   subsequent fiscal year.

12       **TITLE II—FAMILY PLANNING**  
13               **STATE EMPOWERMENT**

14   **SEC. 201. SHORT TITLE.**

15       This title may be cited as the “Family Planning State  
16   Empowerment Act”.

17   **SEC. 202. STATE OPTION TO PROVIDE FAMILY PLANNING**  
18               **SERVICES AND SUPPLIES TO ADDITIONAL**  
19               **LOW-INCOME INDIVIDUALS.**

20       (a) IN GENERAL.—Title XIX of the Social Security  
21   Act (42 U.S.C. 1396 et seq.) is amended—

22               (1) by redesignating section 1935 as section  
23       1936; and

24               (2) by inserting after section 1934 the fol-  
25       lowing:

1 “STATE OPTION TO PROVIDE FAMILY PLANNING SERV-  
2 ICES AND SUPPLIES TO ADDITIONAL LOW-INCOME  
3 INDIVIDUALS

4 “SEC. 1935.

5 “(a) IN GENERAL.—A State may elect (through a  
6 State plan amendment) to make medical assistance de-  
7 scribed in section 1905(a)(4)(C) available to any indi-  
8 vidual not otherwise eligible for such assistance—

9 “(1) whose family income does not exceed an  
10 income level (specified by the State) that does not  
11 exceed the greatest of—

12 “(A) 200 percent of the income official  
13 poverty line (as defined by the Office of Man-  
14 agement and Budget, and revised annually in  
15 accordance with section 673(2) of the Commu-  
16 nity Services Block Grant Act) applicable to a  
17 family of the size involved;

18 “(B) in the case of a State that has in ef-  
19 fect (as of the date of the enactment of this sec-  
20 tion) a waiver under section 1115 to provide  
21 such medical assistance to individuals based on  
22 their income level (expressed as a percent of the  
23 poverty line), the eligibility income level as pro-  
24 vided under such waiver; or

1           “(C) the eligibility income level (expressed  
2           as a percent of such poverty line) that has been  
3           specified under the plan (including under sec-  
4           tion 1902(r)(2)), for eligibility of pregnant  
5           women for medical assistance; and

6           “(2) at the option of the State, whose resources  
7           do not exceed a resource level specified by the State,  
8           which level is not more restrictive than the resource  
9           level applicable under the waiver described in para-  
10          graph (1)(B) or to pregnant women under para-  
11          graph (1)(C).

12          “(b) FLEXIBILITY.—A State may exercise the au-  
13          thority under subsection (a) with respect to one or more  
14          classes of individuals described in such subsection.”.

15          (b) CONFORMING AMENDMENT.—Section 1905(a) of  
16          such Act (42 U.S.C. 1396d(a)) is amended, in the matter  
17          before paragraph (1)—

18                 (1) by striking “and” at the end of clause (xii);

19                 (2) by adding “and” at the end of clause (xiii);

20          and

21                 (3) by inserting after clause (xiii) the following  
22          new clause:

23                 “(xiv) individuals described in section 1935, but  
24          only with respect to items and services described in  
25          paragraph (4)(C),”.

1 (c) EFFECTIVE DATE.—The amendments made by  
2 this section apply to medical assistance provided on and  
3 after October 1, 2004.

4 **SEC. 203. STATE OPTION TO EXTEND THE PERIOD OF ELIGI-**  
5 **BILITY FOR PROVISION OF FAMILY PLAN-**  
6 **NING SERVICES AND SUPPLIES.**

7 (a) IN GENERAL.—Section 1902(e) of the Social Se-  
8 curity Act (42 U.S.C. 1396a(e)) is amended by adding at  
9 the end the following new paragraph:

10 “(13) At the option of a State, the State plan may  
11 provide that, in the case of an individual who was eligible  
12 for medical assistance described in section 1905(a)(4)(C),  
13 but who no longer qualifies for such assistance because  
14 of an increase in income or resources or because of the  
15 expiration of a post-partum period, the individual may re-  
16 main eligible for such assistance for such period as the  
17 State may specify, but the period of extended eligibility  
18 under this paragraph shall not exceed a continuous period  
19 of 24 months for any individual. The State may apply the  
20 previous sentence to one or more classes of individuals and  
21 may vary the period of extended eligibility with respect  
22 to different classes of individuals.”.

23 (b) EFFECTIVE DATE.—The amendments made by  
24 subsection (a) apply to medical assistance provided on and  
25 after October 1, 2004.

1 **TITLE III—EQUITY IN PRESCRIP-**  
2 **TION INSURANCE AND CON-**  
3 **TRACEPTIVE COVERAGE**

4 **SEC. 301. SHORT TITLE.**

5 This title may be cited as the “Equity in Prescription  
6 Insurance and Contraceptive Coverage Act”.

7 **SEC. 302. AMENDMENTS TO EMPLOYEE RETIREMENT IN-**  
8 **COME SECURITY ACT OF 1974.**

9 (a) IN GENERAL.—Subpart B of part 7 of subtitle  
10 B of title I of the Employee Retirement Income Security  
11 Act of 1974 (29 U.S.C. 1185 et seq.) is amended by add-  
12 ing at the end the following:

13 **“SEC. 714. STANDARDS RELATING TO BENEFITS FOR CON-**  
14 **TRACEPTIVES.**

15 “(a) REQUIREMENTS FOR COVERAGE.—A group  
16 health plan, and a health insurance issuer providing health  
17 insurance coverage in connection with a group health plan,  
18 may not—

19 “(1) exclude or restrict benefits for prescription  
20 contraceptive drugs or devices approved by the Food  
21 and Drug Administration, or generic equivalents ap-  
22 proved as substitutable by the Food and Drug Ad-  
23 ministration, if such plan or coverage provides bene-  
24 fits for other outpatient prescription drugs or de-  
25 vices; or

1           “(2) exclude or restrict benefits for outpatient  
2           contraceptive services if such plan or coverage pro-  
3           vides benefits for other outpatient services provided  
4           by a health care professional (referred to in this sec-  
5           tion as ‘outpatient health care services’).

6           “(b) PROHIBITIONS.—A group health plan, and a  
7           health insurance issuer providing health insurance cov-  
8           erage in connection with a group health plan, may not—

9           “(1) deny to an individual eligibility, or contin-  
10          ued eligibility, to enroll or to renew coverage under  
11          the terms of the plan because of the individual’s or  
12          enrollee’s use or potential use of items or services  
13          that are covered in accordance with the requirements  
14          of this section;

15          “(2) provide monetary payments or rebates to  
16          a covered individual to encourage such individual to  
17          accept less than the minimum protections available  
18          under this section;

19          “(3) penalize or otherwise reduce or limit the  
20          reimbursement of a health care professional because  
21          such professional prescribed contraceptive drugs or  
22          devices, or provided contraceptive services, described  
23          in subsection (a), in accordance with this section; or

24          “(4) provide incentives (monetary or otherwise)  
25          to a health care professional to induce such profes-

1 sional to withhold from a covered individual contra-  
2 ceptive drugs or devices, or contraceptive services,  
3 described in subsection (a).

4 “(c) RULES OF CONSTRUCTION.—

5 “(1) IN GENERAL.—Nothing in this section  
6 shall be construed—

7 “(A) as preventing a group health plan  
8 and a health insurance issuer providing health  
9 insurance coverage in connection with a group  
10 health plan from imposing deductibles, coinsur-  
11 ance, or other cost-sharing or limitations in re-  
12 lation to—

13 “(i) benefits for contraceptive drugs  
14 under the plan or coverage, except that  
15 such a deductible, coinsurance, or other  
16 cost-sharing or limitation for any such  
17 drug shall be consistent with those imposed  
18 for other outpatient prescription drugs oth-  
19 erwise covered under the plan or coverage;

20 “(ii) benefits for contraceptive devices  
21 under the plan or coverage, except that  
22 such a deductible, coinsurance, or other  
23 cost-sharing or limitation for any such de-  
24 vice shall be consistent with those imposed  
25 for other outpatient prescription devices



1 otherwise covered under the plan or cov-  
2 erage; and

3 “(iii) benefits for outpatient contra-  
4 ceptive services under the plan or coverage,  
5 except that such a deductible, coinsurance,  
6 or other cost-sharing or limitation for any  
7 such service shall be consistent with those  
8 imposed for other outpatient health care  
9 services otherwise covered under the plan  
10 or coverage;

11 “(B) as requiring a group health plan and  
12 a health insurance issuer providing health in-  
13 surance coverage in connection with a group  
14 health plan to cover experimental or investiga-  
15 tional contraceptive drugs or devices, or experi-  
16 mental or investigational contraceptive services,  
17 described in subsection (a), except to the extent  
18 that the plan or issuer provides coverage for  
19 other experimental or investigational outpatient  
20 prescription drugs or devices, or experimental  
21 or investigational outpatient health care serv-  
22 ices; or

23 “(C) as modifying, diminishing, or limiting  
24 the rights or protections of an individual under  
25 any other Federal law.

1           “(2) LIMITATIONS.—As used in paragraph (1),  
2       the term ‘limitation’ includes—

3           “(A) in the case of a contraceptive drug or  
4       device, restricting the type of health care pro-  
5       fessionals that may prescribe such drugs or de-  
6       vices, utilization review provisions, and limits on  
7       the volume of prescription drugs or devices that  
8       may be obtained on the basis of a single con-  
9       sultation with a professional; or

10          “(B) in the case of an outpatient contra-  
11       ceptive service, restricting the type of health  
12       care professionals that may provide such serv-  
13       ices, utilization review provisions, requirements  
14       relating to second opinions prior to the coverage  
15       of such services, and requirements relating to  
16       preauthorizations prior to the coverage of such  
17       services.

18          “(d) NOTICE UNDER GROUP HEALTH PLAN.—The  
19       imposition of the requirements of this section shall be  
20       treated as a material modification in the terms of the plan  
21       described in section 102(a)(1), for purposes of assuring  
22       notice of such requirements under the plan, except that  
23       the summary description required to be provided under the  
24       last sentence of section 104(b)(1) with respect to such  
25       modification shall be provided by not later than 60 days

1 after the first day of the first plan year in which such  
2 requirements apply.

3 “(e) PREEMPTION.—Nothing in this section shall be  
4 construed to preempt any provision of State law to the  
5 extent that such State law establishes, implements, or con-  
6 tinues in effect any standard or requirement that provides  
7 coverage or protections for participants or beneficiaries  
8 that are greater than the coverage or protections provided  
9 under this section.

10 “(f) DEFINITION.—In this section, the term ‘out-  
11 patient contraceptive services’ means consultations, exami-  
12 nations, procedures, and medical services, provided on an  
13 outpatient basis and related to the use of contraceptive  
14 methods (including natural family planning) to prevent an  
15 unintended pregnancy.”.

16 (b) CLERICAL AMENDMENT.—The table of contents  
17 in section 1 of the Employee Retirement Income Security  
18 Act of 1974 (29 U.S.C. 1001) is amended by inserting  
19 after the item relating to section 713 the following:

“Sec. 714. Standards relating to benefits for contraceptives.”.

20 (c) EFFECTIVE DATE.—The amendments made by  
21 this section shall apply with respect to plan years begin-  
22 ning on or after January 1, 2005.

1 **SEC. 303. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT**  
2 **RELATING TO THE GROUP MARKET.**

3 (a) IN GENERAL.—Subpart 2 of part A of title  
4 XXVII of the Public Health Service Act (42 U.S.C.  
5 300gg–4 et seq.) is amended by adding at the end the  
6 following:

7 **“SEC. 2707. STANDARDS RELATING TO BENEFITS FOR CON-**  
8 **TRACEPTIVES.**

9 “(a) REQUIREMENTS FOR COVERAGE.—A group  
10 health plan, and a health insurance issuer providing health  
11 insurance coverage in connection with a group health plan,  
12 may not—

13 “(1) exclude or restrict benefits for prescription  
14 contraceptive drugs or devices approved by the Food  
15 and Drug Administration, or generic equivalents ap-  
16 proved as substitutable by the Food and Drug Ad-  
17 ministration, if such plan or coverage provides bene-  
18 fits for other outpatient prescription drugs or de-  
19 vices; or

20 “(2) exclude or restrict benefits for outpatient  
21 contraceptive services if such plan or coverage pro-  
22 vides benefits for other outpatient services provided  
23 by a health care professional (referred to in this sec-  
24 tion as ‘outpatient health care services’).

1       “(b) PROHIBITIONS.—A group health plan, and a  
2 health insurance issuer providing health insurance cov-  
3 erage in connection with a group health plan, may not—

4           “(1) deny to an individual eligibility, or contin-  
5 ued eligibility, to enroll or to renew coverage under  
6 the terms of the plan because of the individual’s or  
7 enrollee’s use or potential use of items or services  
8 that are covered in accordance with the requirements  
9 of this section;

10          “(2) provide monetary payments or rebates to  
11 a covered individual to encourage such individual to  
12 accept less than the minimum protections available  
13 under this section;

14          “(3) penalize or otherwise reduce or limit the  
15 reimbursement of a health care professional because  
16 such professional prescribed contraceptive drugs or  
17 devices, or provided contraceptive services, described  
18 in subsection (a), in accordance with this section; or

19          “(4) provide incentives (monetary or otherwise)  
20 to a health care professional to induce such profes-  
21 sional to withhold from covered individual contracep-  
22 tive drugs or devices, or contraceptive services, de-  
23 scribed in subsection (a).

24       “(c) RULES OF CONSTRUCTION.—

1           “(1) IN GENERAL.—Nothing in this section  
2 shall be construed—

3           “(A) as preventing a group health plan  
4 and a health insurance issuer providing health  
5 insurance coverage in connection with a group  
6 health plan from imposing deductibles, coinsur-  
7 ance, or other cost-sharing or limitations in re-  
8 lation to—

9           “(i) benefits for contraceptive drugs  
10 under the plan or coverage, except that  
11 such a deductible, coinsurance, or other  
12 cost-sharing or limitation for any such  
13 drug shall be consistent with those imposed  
14 for other outpatient prescription drugs oth-  
15 erwise covered under the plan or coverage;

16           “(ii) benefits for contraceptive devices  
17 under the plan or coverage, except that  
18 such a deductible, coinsurance, or other  
19 cost-sharing or limitation for any such de-  
20 vice shall be consistent with those imposed  
21 for other outpatient prescription devices  
22 otherwise covered under the plan or cov-  
23 erage; and

24           “(iii) benefits for outpatient contra-  
25 ceptive services under the plan or coverage,

1           except that such a deductible, coinsurance,  
2           or other cost-sharing or limitation for any  
3           such service shall be consistent with those  
4           imposed for other outpatient health care  
5           services otherwise covered under the plan  
6           or coverage;

7           “(B) as requiring a group health plan and  
8           a health insurance issuer providing health in-  
9           surance coverage in connection with a group  
10          health plan to cover experimental or investiga-  
11          tional contraceptive drugs or devices, or experi-  
12          mental or investigational contraceptive services,  
13          described in subsection (a), except to the extent  
14          that the plan or issuer provides coverage for  
15          other experimental or investigational outpatient  
16          prescription drugs or devices, or experimental  
17          or investigational outpatient health care serv-  
18          ices; or

19          “(C) as modifying, diminishing, or limiting  
20          the rights or protections of an individual under  
21          any other Federal law.

22          “(2) LIMITATIONS.—As used in paragraph (1),  
23          the term ‘limitation’ includes—

24                 “(A) in the case of a contraceptive drug or  
25                 device, restricting the type of health care pro-

1           professionals that may prescribe such drugs or de-  
2           vices, utilization review provisions, and limits on  
3           the volume of prescription drugs or devices that  
4           may be obtained on the basis of a single con-  
5           sultation with a professional; or

6           “(B) in the case of an outpatient contra-  
7           ceptive service, restricting the type of health  
8           care professionals that may provide such serv-  
9           ices, utilization review provisions, requirements  
10          relating to second opinions prior to the coverage  
11          of such services, and requirements relating to  
12          preauthorizations prior to the coverage of such  
13          services.

14          “(d) NOTICE.—A group health plan under this part  
15          shall comply with the notice requirement under section  
16          714(d) of the Employee Retirement Income Security Act  
17          of 1974 with respect to the requirements of this section  
18          as if such section applied to such plan.

19          “(e) PREEMPTION.—Nothing in this section shall be  
20          construed to preempt any provision of State law to the  
21          extent that such State law establishes, implements, or con-  
22          tinues in effect any standard or requirement that provides  
23          coverage or protections for enrollees that are greater than  
24          the coverage or protections provided under this section.



1       “(f) DEFINITION.—In this section, the term ‘out-  
 2   patient contraceptive services’ means consultations, exami-  
 3   nations, procedures, and medical services, provided on an  
 4   outpatient basis and related to the use of contraceptive  
 5   methods (including natural family planning) to prevent an  
 6   unintended pregnancy.”.

7       (b) EFFECTIVE DATE.—The amendments made by  
 8   this section shall apply with respect to group health plans  
 9   for plan years beginning on or after January 1, 2005.

10   **SEC. 304. AMENDMENT TO PUBLIC HEALTH SERVICE ACT**  
 11                           **RELATING TO THE INDIVIDUAL MARKET.**

12       (a) IN GENERAL.—Part B of title XXVII of the Pub-  
 13   lic Health Service Act (42 U.S.C. 300gg–41 et seq.) is  
 14   amended—

15               (1) by redesignating the first subpart 3 (relat-  
 16       ing to other requirements) as subpart 2; and

17               (2) by adding at the end of subpart 2 the fol-  
 18       lowing:

19   **“SEC. 2753. STANDARDS RELATING TO BENEFITS FOR CON-**  
 20                           **TRACEPTIVES.**

21       “The provisions of section 2707 shall apply to health  
 22   insurance coverage offered by a health insurance issuer  
 23   in the individual market in the same manner as they apply  
 24   to health insurance coverage offered by a health insurance

1 issuer in connection with a group health plan in the small  
2 or large group market.”.

3 (b) EFFECTIVE DATE.—The amendment made by  
4 this section shall apply with respect to health insurance  
5 coverage offered, sold, issued, renewed, in effect, or oper-  
6 ated in the individual market on or after January 1, 2005.

## 7 **TITLE IV—EMERGENCY CONTRA-** 8 **CEPTION EDUCATION AND IN-** 9 **FORMATION**

### 10 **SEC. 401. SHORT TITLE.**

11 This title may be cited as the “Emergency Contracep-  
12 tion Education Act”.

### 13 **SEC. 402. EMERGENCY CONTRACEPTION EDUCATION AND** 14 **INFORMATION PROGRAMS.**

15 (a) DEFINITIONS.—For purposes of this section:

16 (1) EMERGENCY CONTRACEPTION.—The term  
17 “emergency contraception” means a drug or device  
18 (as the terms are defined in section 201 of the Fed-  
19 eral Food, Drug, and Cosmetic Act (21 U.S.C. 321))  
20 or a drug regimen that is—

21 (A) used after sexual relations; and

22 (B) prevents pregnancy, by preventing ovu-  
23 lation, fertilization of an egg, or implantation of  
24 an egg in a uterus.

1           (2) HEALTH CARE PROVIDER.—The term  
2       “health care provider” means an individual who is li-  
3       censed or certified under State law to provide health  
4       care services and who is operating within the scope  
5       of such license.

6           (3) INSTITUTION OF HIGHER EDUCATION.—The  
7       term “institution of higher education” has the same  
8       meaning given such term in section 1201(a) of the  
9       Higher Education Act of 1965 (20 U.S.C. 1141(a)).

10          (4) SECRETARY.—The term “Secretary” means  
11       the Secretary of Health and Human Services.

12       (b) EMERGENCY CONTRACEPTION PUBLIC EDU-  
13       CATION PROGRAM.—

14           (1) IN GENERAL.—The Secretary, acting  
15       through the Director of the Centers for Disease  
16       Control and Prevention, shall develop and dissemi-  
17       nate to the public information on emergency contra-  
18       ception.

19           (2) DISSEMINATION.—The Secretary may dis-  
20       seminate information under paragraph (1) directly  
21       or through arrangements with nonprofit organiza-  
22       tions, consumer groups, institutions of higher edu-  
23       cation, Federal, State, or local agencies, clinics and  
24       the media.

1           (3) INFORMATION.—The information dissemi-  
2       nated under paragraph (1) shall include, at a min-  
3       imum, a description of emergency contraception, and  
4       an explanation of the use, safety, efficacy, and avail-  
5       ability of such contraception.

6       (c) EMERGENCY CONTRACEPTION INFORMATION  
7 PROGRAM FOR HEALTH CARE PROVIDERS.—

8           (1) IN GENERAL.—The Secretary, acting  
9       through the Administrator of the Health Resources  
10      and Services Administration and in consultation  
11      with major medical and public health organizations,  
12      shall develop and disseminate to health care pro-  
13      viders information on emergency contraception.

14          (2) INFORMATION.—The information dissemi-  
15      nated under paragraph (1) shall include, at a min-  
16      imum—

17              (A) information describing the use, safety,  
18              efficacy and availability of emergency contra-  
19              ception;

20              (B) a recommendation regarding the use of  
21              such contraception in appropriate cases; and

22              (C) information explaining how to obtain  
23              copies of the information developed under sub-  
24              section (b), for distribution to the patients of  
25              the providers.

1 (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
2 authorized to be appropriated to carry out this section  
3 \$10,000,000 for each of the fiscal years 2005 through  
4 2009.

5 **TITLE V—COMPASSIONATE AS-**  
6 **SISTANCE FOR RAPE EMER-**  
7 **GENCIES**

8 **SEC. 501. SHORT TITLE.**

9 This title may be cited as the “Compassionate Assist-  
10 ance for Rape Emergencies Act”.

11 **SEC. 502. SURVIVORS OF SEXUAL ASSAULT; PROVISION BY**  
12 **HOSPITALS OF EMERGENCY CONTRACEP-**  
13 **TIVES WITHOUT CHARGE.**

14 (a) IN GENERAL.—Federal funds may not be pro-  
15 vided to a hospital under any health-related program, un-  
16 less the hospital meets the conditions specified in sub-  
17 section (b) in the case of—

18 (1) any woman who presents at the hospital  
19 and states that she is a victim of sexual assault, or  
20 is accompanied by someone who states she is a vic-  
21 tim of sexual assault; and

22 (2) any woman who presents at the hospital  
23 whom hospital personnel have reason to believe is a  
24 victim of sexual assault.

1 (b) ASSISTANCE FOR VICTIMS.—The conditions spec-  
2 ified in this subsection regarding a hospital and a woman  
3 described in subsection (a) are as follows:

4 (1) The hospital promptly provides the woman  
5 with medically and factually accurate and unbiased  
6 written and oral information about emergency con-  
7 traception, including information explaining that—

8 (A) emergency contraception does not  
9 cause an abortion; and

10 (B) emergency contraception is effective in  
11 most cases in preventing pregnancy after un-  
12 protected sex.

13 (2) The hospital promptly offers emergency  
14 contraception to the woman, and promptly provides  
15 such contraception to her on her request.

16 (3) The information provided pursuant to para-  
17 graph (1) is in clear and concise language, is readily  
18 comprehensible, and meets such conditions regarding  
19 the provision of the information in languages other  
20 than English as the Secretary may establish.

21 (4) The services described in paragraphs (1)  
22 through (3) are not denied because of the inability  
23 of the woman or her family to pay for the services.

24 (c) DEFINITIONS.—For purposes of this section:

1           (1) The term “emergency contraception” means  
2           a drug, drug regimen, or device that is—

3                   (A) used postcoitally;

4                   (B) prevents pregnancy by delaying ovula-  
5           tion, preventing fertilization of an egg, or pre-  
6           venting implantation of an egg in a uterus; and

7                   (C) is approved by the Food and Drug Ad-  
8           ministration.

9           (2) The term “hospital” has the meanings given  
10          such term in title XVIII of the Social Security Act,  
11          including the meaning applicable in such title for  
12          purposes of making payments for emergency services  
13          to hospitals that do not have agreements in effect  
14          under such title.

15          (3) The term “Secretary” means the Secretary  
16          of Health and Human Services.

17          (4) The term “sexual assault” means coitus in  
18          which the woman involved does not consent or lacks  
19          the legal capacity to consent.

20          (d) EFFECTIVE DATE; AGENCY CRITERIA.—This sec-  
21          tion takes effect upon the expiration of the 180-day period  
22          beginning on the date of enactment of this Act. Not later  
23          than 30 days prior to the expiration of such period, the  
24          Secretary shall publish in the Federal Register criteria for  
25          carrying out this section.

## **TITLE VI—FAMILY LIFE EDUCATION**

### **SEC. 601. SHORT TITLE.**

This title may be cited as the “Family Life Education Act”.

### **SEC. 602. FINDINGS.**

The Congress finds as follows:

(1) The American Medical Association (“AMA”), the American Nurses Association (“ANA”), the American Academy of Pediatrics (“AAP”), the American College of Obstetricians and Gynecologists (“ACOG”), the American Public Health Association (“APHA”), and the Society of Adolescent Medicine (“SAM”), support responsible sexuality education that includes information about both abstinence and contraception.

(2) Recent scientific reports by the Institute of Medicine, the American Medical Association and the Office on National AIDS Policy stress the need for sexuality education that includes messages about abstinence and provides young people with information about contraception for the prevention of teen pregnancy, HIV/AIDS and other sexually transmitted diseases (“STDs”).



1           (3) Research shows that teenagers who receive  
2           sexuality education that includes discussion of con-  
3           traception are more likely than those who receive ab-  
4           stinence-only messages to delay sexual activity and  
5           to use contraceptives when they do become sexually  
6           active.

7           (4) Comprehensive sexuality education pro-  
8           grams respect the diversity of values and beliefs rep-  
9           resented in the community and will complement and  
10          augment the sexuality education children receive  
11          from their families.

12          (5) The median age of puberty is 13 years and  
13          the average age of marriage is over 26 years old.  
14          American teens need access to full, complete, and  
15          medically and factually accurate information regard-  
16          ing sexuality, including contraception, STD/HIV  
17          prevention, and abstinence.

18          (6) Although teen pregnancy rates are decreas-  
19          ing, there are still between 750,000 and 850,000  
20          teen pregnancies each year. Between 75 and 90 per-  
21          cent of teen pregnancies among 15- to 19-year olds  
22          are unintended.

23          (7) Research shows that 75 percent of the de-  
24          crease in teen pregnancy between 1988 and 1995

1 was due to improved contraceptive use, while 25 per-  
2 cent was due to increased abstinence.

3 (8) More than eight out of ten Americans be-  
4 lieve that young people should have information  
5 about abstinence and protecting themselves from un-  
6 planned pregnancies and sexually transmitted dis-  
7 eases.

8 (9) United States teens acquire an estimated  
9 4,000,000 sexually transmitted infections each year.  
10 By age 24, at least one in three sexually active peo-  
11 ple will have contracted a sexually transmitted dis-  
12 ease.

13 (10) An average of two young people in the  
14 United States are infected with HIV every hour of  
15 every day. African Americans and Hispanic youth  
16 have been disproportionately affected by the HIV/  
17 AIDS epidemic. Although less than 16 percent of  
18 the adolescent population in the United States is Af-  
19 rican American, nearly 50 percent of AIDS cases  
20 through June 2000 among 13- to 19-year olds were  
21 among Blacks. Hispanics comprise 13 percent of the  
22 population and 20 percent of the reported adolescent  
23 AIDS cases though June 2000.

1 **SEC. 603. ASSISTANCE TO REDUCE TEEN PREGNANCY, HIV/**  
2 **AIDS, AND OTHER SEXUALLY TRANSMITTED**  
3 **DISEASES AND TO SUPPORT HEALTHY ADO-**  
4 **LESCENT DEVELOPMENT.**

5 (a) IN GENERAL.—Each eligible State shall be enti-  
6 tled to receive from the Secretary of Health and Human  
7 Services, for each of the fiscal years 2005 through 2009,  
8 a grant to conduct programs of family life education, in-  
9 cluding education on both abstinence and contraception  
10 for the prevention of teenage pregnancy and sexually  
11 transmitted diseases, including HIV/AIDS.

12 (b) REQUIREMENTS FOR FAMILY LIFE PROGRAMS.—  
13 For purposes of this title, a program of family life edu-  
14 cation is a program that—

- 15 (1) is age-appropriate and medically accurate;
- 16 (2) does not teach or promote religion;
- 17 (3) teaches that abstinence is the only sure way  
18 to avoid pregnancy or sexually transmitted diseases;
- 19 (4) stresses the value of abstinence while not ig-  
20 noring those young people who have had or are hav-  
21 ing sexual intercourse;
- 22 (5) provides information about the health bene-  
23 fits and side effects of all contraceptives and barrier  
24 methods as a means to prevent pregnancy;
- 25 (6) provides information about the health bene-  
26 fits and side effects of all contraceptives and barrier

1 methods as a means to reduce the risk of con-  
2 tracting sexually transmitted diseases, including  
3 HIV/AIDS;

4 (7) encourages family communication about  
5 sexuality between parent and child;

6 (8) teaches young people the skills to make re-  
7 sponsible decisions about sexuality, including how to  
8 avoid unwanted verbal, physical, and sexual ad-  
9 vances and how not to make unwanted verbal, phys-  
10 ical, and sexual advances; and

11 (9) teaches young people how alcohol and drug  
12 use can affect responsible decisionmaking.

13 (c) ADDITIONAL ACTIVITIES.—In carrying out a pro-  
14 gram of family life education, a State may expend a grant  
15 under subsection (a) to carry out educational and motiva-  
16 tional activities that help young people—

17 (1) gain knowledge about the physical, emo-  
18 tional, biological, and hormonal changes of adoles-  
19 cence and subsequent stages of human maturation;

20 (2) develop the knowledge and skills necessary  
21 to ensure and protect their sexual and reproductive  
22 health from unintended pregnancy and sexually  
23 transmitted disease, including HIV/AIDS through-  
24 out their lifespan;

1           (3) gain knowledge about the specific involve-  
2           ment of and male responsibility in sexual decision-  
3           making;

4           (4) develop healthy attitudes and values about  
5           adolescent growth and development, body image,  
6           gender roles, racial and ethnic diversity, sexual ori-  
7           entation, and other subjects;

8           (5) develop and practice healthy life skills in-  
9           cluding goal-setting, decisionmaking, negotiation,  
10          communication, and stress management;

11          (6) promote self-esteem and positive inter-  
12          personal skills focusing on relationship dynamics, in-  
13          cluding, but not limited to, friendships, dating, ro-  
14          mantic involvement, marriage and family inter-  
15          actions; and

16          (7) prepare for the adult world by focusing on  
17          educational and career success, including developing  
18          skills for employment preparation, job seeking, inde-  
19          pendent living, financial self-sufficiency, and work-  
20          place productivity.

21 **SEC. 604. SENSE OF CONGRESS.**

22          It is the sense of Congress that while States are not  
23          required to provide matching funds, they are encouraged  
24          to do so.

1 **SEC. 605. EVALUATION OF PROGRAMS.**

2 (a) IN GENERAL.—For the purpose of evaluating the  
3 effectiveness of programs of family life education carried  
4 out with a grant under section 603, evaluations of such  
5 program shall be carried out in accordance with sub-  
6 sections (b) and (c).

7 (b) NATIONAL EVALUATION.—

8 (1) IN GENERAL.—The Secretary shall provide  
9 for a national evaluation of a representative sample  
10 of programs of family life education carried out with  
11 grants under section 603. A condition for the receipt  
12 of such a grant is that the State involved agree to  
13 cooperate with the evaluation. The purposes of the  
14 national evaluation shall be the determination of—

15 (A) the effectiveness of such programs in  
16 helping to delay the initiation of sexual inter-  
17 course and other high-risk behaviors;

18 (B) the effectiveness of such programs in  
19 preventing adolescent pregnancy;

20 (C) the effectiveness of such programs in  
21 preventing sexually transmitted disease, includ-  
22 ing HIV/AIDS;

23 (D) the effectiveness of such programs in  
24 increasing contraceptive knowledge and contra-  
25 ceptive behaviors when sexual intercourse oc-  
26 curs; and

1           (E) a list of best practices based upon es-  
2           sential programmatic components of evaluated  
3           programs that have led to success in subpara-  
4           graphs (A) through (D).

5           (2) REPORT.—A report providing the results of  
6           the national evaluation under paragraph (1) shall be  
7           submitted to the Congress not later than March 31,  
8           2008, with an interim report provided on a yearly  
9           basis at the end of each fiscal year.

10          (c) INDIVIDUAL STATE EVALUATIONS.—

11           (1) IN GENERAL.—A condition for the receipt  
12           of a grant under section 603 is that the State in-  
13           volved agree to provide for the evaluation of the pro-  
14           grams of family education carried out with the grant  
15           in accordance with the following:

16           (A) The evaluation will be conducted by an  
17           external, independent entity.

18           (B) The purposes of the evaluation will be  
19           the determination of—

20           (i) the effectiveness of such programs  
21           in helping to delay the initiation of sexual  
22           intercourse and other high-risk behaviors;

23           (ii) the effectiveness of such programs  
24           in preventing adolescent pregnancy;

1 (iii) the effectiveness of such pro-  
2 grams in preventing sexually transmitted  
3 disease, including HIV/AIDS; and

4 (iv) the effectiveness of such programs  
5 in increasing contraceptive knowledge and  
6 contraceptive behaviors when sexual inter-  
7 course occurs.

8 (2) USE OF GRANT.—A condition for the re-  
9 ceipt of a grant under section 603 is that the State  
10 involved agree that not more than 10 percent of the  
11 grant will be expended for the evaluation under  
12 paragraph (1).

13 **SEC. 606. DEFINITIONS.**

14 For purposes of this title:

15 (1) The term “eligible State” means a State  
16 that submits to the Secretary an application for a  
17 grant under section 603 that is in such form, is  
18 made in such manner, and contains such agree-  
19 ments, assurances, and information as the Secretary  
20 determines to be necessary to carry out this title.

21 (2) The term “HIV/AIDS” means the human  
22 immunodeficiency virus, and includes acquired im-  
23 mune deficiency syndrome.

24 (3) The term “medically accurate”, with respect  
25 to information, means information that is supported



1 by research, recognized as accurate and objective by  
 2 leading medical, psychological, psychiatric, and pub-  
 3 lic health organizations and agencies, and where rel-  
 4 evant, published in peer review journals.

5 (4) The term “Secretary” means the Secretary  
 6 of Health and Human Services.

7 **SEC. 607. APPROPRIATIONS.**

8 (a) IN GENERAL.—For the purpose of carrying out  
 9 this title, there is authorized to be appropriated  
 10 \$100,000,000 for each of the fiscal years 2005 through  
 11 2009.

12 (b) ALLOCATIONS.—Of the amounts appropriated  
 13 under subsection (a) for a fiscal year—

14 (1) not more than 7 percent may be used for  
 15 the administrative expenses of the Secretary in car-  
 16 rying out this title for that fiscal year; and

17 (2) not more than 10 percent may be used for  
 18 the national evaluation under section 605(b).

19 **TITLE VII—TEENAGE**  
 20 **PREGNANCY PREVENTION**

21 **SEC. 701. SHORT TITLE.**

22 This title may be cited as the “Preventing Teen Preg-  
 23 nancy Act”.

1 **SEC. 702. TEENAGE PREGNANCY PREVENTION.**

2 Part P of title III of the Public Health Service Act  
3 (42 U.S.C. 280g et seq.) is amended by inserting after  
4 section 399N the following section:

5 **“SEC. 3990. TEENAGE PREGNANCY PREVENTION GRANTS.**

6 “(a) **AUTHORITY.**—The Secretary may award on a  
7 competitive basis grants to public and private entities to  
8 establish or expand teenage pregnancy prevention pro-  
9 grams.

10 “(b) **GRANT RECIPIENTS.**—Grant recipients under  
11 this section may include State and local not-for-profit coa-  
12 litions working to prevent teenage pregnancy, State, local,  
13 and tribal agencies, schools, entities that provide after-  
14 school programs, and community and faith-based groups.

15 “(c) **PRIORITY.**—In selecting grant recipients under  
16 this section, the Secretary shall give—

17 “(1) highest priority to applicants seeking as-  
18 sistance for programs targeting communities or pop-  
19 ulations in which—

20 “(A) teenage pregnancy or birth rates are  
21 higher than the corresponding State average; or

22 “(B) teenage pregnancy or birth rates are  
23 increasing; and

24 “(2) priority to applicants seeking assistance  
25 for programs that—

1           “(A) will benefit underserved or at-risk  
2           populations such as young males or immigrant  
3           youths; or

4           “(B) will take advantage of other available  
5           resources and be coordinated with other pro-  
6           grams that serve youth, such as workforce de-  
7           velopment and after school programs.

8           “(d) USE OF FUNDS.—Funds received by an entity  
9           as a grant under this section shall be used for programs  
10          that—

11           “(1) replicate or substantially incorporate the  
12          elements of one or more teenage pregnancy preven-  
13          tion programs that have been proven (on the basis  
14          of rigorous scientific research) to delay sexual inter-  
15          course or sexual activity, increase condom or contra-  
16          ceptive use (without increasing sexual activity), or  
17          reduce teenage pregnancy; and

18           “(2) incorporate one or more of the following  
19          strategies for preventing teenage pregnancy: encour-  
20          aging teenagers to delay sexual activity; sex and  
21          HIV education; interventions for sexually active  
22          teenagers; preventive health services; youth develop-  
23          ment programs; service learning programs; and out-  
24          reach or media programs.

1       “(e) COMPLETE INFORMATION.—Programs receiving  
2 funds under this section that choose to provide informa-  
3 tion on HIV/AIDS or contraception or both must provide  
4 information that is complete and medically accurate.

5       “(f) RELATION TO ABSTINENCE-ONLY PROGRAMS.—  
6 Funds under this section are not intended for use by absti-  
7 nence-only education programs. Abstinence-only education  
8 programs that receive Federal funds through the Maternal  
9 and Child Health Block Grant, the Administration for  
10 Children and Families, the Adolescent Family Life Pro-  
11 gram, and any other program that uses the definition of  
12 ‘abstinence education’ found in section 510(b) of the So-  
13 cial Security Act are ineligible for funding.

14       “(g) APPLICATIONS.—Each entity seeking a grant  
15 under this section shall submit an application to the Sec-  
16 retary at such time and in such manner as the Secretary  
17 may require.

18       “(h) MATCHING FUNDS.—

19               “(1) IN GENERAL.—The Secretary may not  
20 award a grant to an applicant for a program under  
21 this section unless the applicant demonstrates that  
22 it will pay, from funds derived from non-Federal  
23 sources, at least 25 percent of the cost of the pro-  
24 gram.

1           “(2) APPLICANT’S SHARE.—The applicant’s  
2           share of the cost of a program shall be provided in  
3           cash or in kind.

4           “(i) SUPPLEMENTATION OF FUNDS.—An entity that  
5           receives funds as a grant under this section shall use the  
6           funds to supplement and not supplant funds that would  
7           otherwise be available to the entity for teenage pregnancy  
8           prevention.

9           “(j) EVALUATIONS.—

10           “(1) IN GENERAL.—The Secretary shall—

11                   “(A) conduct or provide for a rigorous  
12                   evaluation of 10 percent of programs for which  
13                   a grant is awarded under this section;

14                   “(B) collect basic data on each program  
15                   for which a grant is awarded under this section;  
16                   and

17                   “(C) upon completion of the evaluations  
18                   referred to in subparagraph (A), submit to the  
19                   Congress a report that includes a detailed state-  
20                   ment on the effectiveness of grants under this  
21                   section.

22           “(2) COOPERATION BY GRANTEES.—Each grant  
23           recipient under this section shall provide such infor-  
24           mation and cooperation as may be required for an  
25           evaluation under paragraph (1).

1       “(k) DEFINITION.—For purposes of this section, the  
2 term ‘rigorous scientific research’ means based on a pro-  
3 gram evaluation that:

4           “(1) Measured impact on sexual or contracep-  
5 tive behavior, pregnancy or childbearing.

6           “(2) Employed an experimental or quasi-experi-  
7 mental design with well-constructed and appropriate  
8 comparison groups.

9           “(3) Had a sample size large enough (at least  
10 100 in the combined treatment and control group)  
11 and a follow-up interval long enough (at least six  
12 months) to draw valid conclusions about impact.

13       “(l) AUTHORIZATION OF APPROPRIATIONS.—There  
14 are authorized to be appropriated to carry out this section  
15 \$20,000,000 for fiscal year 2005, and such sums as may  
16 be necessary for each subsequent fiscal year. In addition,  
17 there are authorized to be appropriated for evaluations  
18 under subsection (j) such sums as may be necessary for  
19 fiscal year 2005 and each subsequent fiscal year.”.

○